PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

VPI 2426000

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE .OR			OTHER THAN SMALL ENTITY	
TC	TAL CLAIMS		q		Santa Catalon Marie S			RATE	FEE		RATE	FEE
FO	R		NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
то	TAL CHARGEA	9 min	9 minus 20=		* 0		X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS 7 minus 3 =					* 4			X42=	160	OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	. [
* If the difference in column 1 is less than zero, enter					r "0" in c	olumn 2	<u>L</u>	TOTAL	558	OR	TOTAL	
CLAIMS AS AMENDED - PART						(Column 3)		SMALL E	NTITY	OR	OTHER SMALL	
ENT A	J. 11.4	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MOR	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	
							Ĺ	TOTAL			TOTAL	
		(Column 1)		(Colu	mn 2)	(Column 3)	ρ	ADDIT. FEE	<u> </u>	1 7	ADDIT. FEE	
ENT B		CLAIMS REMAINING AFTER AMENDMENT	7 3 3 - 3 -	HIGH NUM PREVI	HEST IBER _ OUSLY FOR	_PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ADIM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	*	Minus	***		=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OB	+280=	
							L	TOTAL			TOTAL ADDIT, FEE	
	(Column 1) (Column 2) (Column 3)							ADDIT. FEE (I	ADDII. FEEI	
ENTC	3	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIG NUM PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	××		= .		X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	*	Minus	***		=		X42=		OR	X84=	
L	FIRST PRESI	ENTATION OF M	IULTIPLE DE	PENDEN	IT CLAIN			+140=		OR.	+280=	
*	If the entry in cole	umn 1 is less than	the entry in col	umn 2, wr	ite "0" in co	olumn 3.	. [TOTAL			TOTAL	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												





PATENT APPLICATION FEE DETERMINATION RECORD Effective January 1, 2003

Application or Docket Number

10/077408

٠		CLAIMS AS	S FILED - (Column			mn 2)		SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS								RATE	FEE] [RATE	FEE	
FOR			NUMBER FILED		NUMB	NUMBER EXTRA		BASIC FEE	\$375	OR	BASIC FEE	\$750	
то	TAL CHARGEA	BLE CLAIMS	minus 20=		*	*		X\$ 9=		OR	X\$18=		
IND	EPENDENT CL	_AIMS	mi	inus 3 =	*			X42=		OR	X84=		
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT	•			ŀ	+140=		OR	+280=		
* If	the difference	in column 1 is	less than zero, enter "0" i			olumn 2	L	TOTAL		OR	TOTAL		
	A	LAIMS'AS A (Column 1)	PAR' - (Colur		(Column 3)		SWALL E	ENTITY	OR	OTHER SMALL	i		
ENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	HEST IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	. 9	Minus	** 2c	<u> </u>	=. (X\$ 9=	\·	OR	X\$18=		
AME	Independent	* 7.	Minus	***	T CLAIM	<u> </u>		X42=		OR	X84=		
لـــا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=		
•			2	,			E.	TOTAL DDIT. FEE		Ò₽,	TOTAL ADDIT. FEE		
		(Column 1)		(Colur		(Column 3)	_				-		
AMENDWENT B		— CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDN	Total	* 9	Minus	** 6	<u> 20</u>	= —		X\$ 9=		OR	X\$18=		
AME	Independent	* 7-	Minus	***	7- F.CL AVA	='		X42=		QR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+ 280=		
				•			L	TOTAL			TOTAL		
	3	(Column 1)		(Colun		(Column 3)	A	ODIT. FEE L	الهيدت حد		ADDIT. FEÈ		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
MON	Total	*	Minus	**		=		X\$ 9=		OR	X\$1^=		
AME	Independent	*	Minus	***		=		X42=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	+140=		ı			
•	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+280=		
**	If the "Highest Nu	mber Previously Pa Imber Previously Pa	aid For" IN THI	S SPACE is	is less thar	n 20, enter "20."	ΑC	TOTAL DOIT. FEE		OR ,	TOTAL ADDIT. FEE		
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													